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## BIB DATA SHEET

CONFIRMATION NO. 5057

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.	
09/718,725	11/22/2000 RULE	435	1647	A-378CIP2C3	
<b>APPLICANTS</b> William J. Boyle, Moorpark, CA; David L. Lacey, Thousand Oaks, CA; Frank J. Calzone, Westlake Village, CA; Ming-Shi Chang, Newbury Park, CA;					
<b>** CONTINUING DATA *****</b> This application is a CON of 09/132,985 08/12/1998 ABN which is a CON of 08/771,777 12/20/1996 ABN and is a CIP of 08/706,945 09/03/1996 PAT 6,369,027 /RMD/ which is a CIP of 08/577,788 12/22/1995 PAT 6,613,544					
<b>** FOREIGN APPLICATIONS *****</b> NONE /RMD/					
<b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 05/09/2001					
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and /REGINA M DEBERRY/ Acknowledged <u>Examiner's Signature</u>	<input type="checkbox"/> Met after Allowance <u>Initials</u>	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWINGS</b>	<b>TOTAL CLAIMS</b> 60	<b>INDEPENDENT CLAIMS</b> 11
<b>ADDRESS</b> AMGEN INC. MAIL STOP 28-2-C ONE AMGEN CENTER DRIVE THOUSAND OAKS, CA 91320-1799 UNITED STATES					
<b>TITLE</b> Osteoprotegerin					
<b>FILING FEE RECEIVED</b> 2422	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		